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ABSTRACT

A high incidence of occupational stress has been demonstrated in the mental health and social service professions and appears to be a major factor contributing to low worker morale, absenteeism, high job turnover, and other indices of job stress. A study was conducted to examine the issue of occupational stress among psychological consultants. Consultants (N=132) from Division 13 of the American Psychological Association responded to a survey measuring characteristic practices, training backgrounds, and concerns of consulting psychologists. To assess consultation stressors and stress management, respondents were presented with a list of variables thought to contribute to consulting stress and were asked to rate the degree to which they found each variable stressful. Respondents were also asked to what extent they found consulting work stressful, how frequently they used each of a number of methods to alleviate stress, and to rate their overall success in coping with consulting-related stress. The results indicated that respondents found consulting to be only moderately stressful. The four variables receiving the highest ratings for contributing to consulting-related stress were: (1) uncertainty as to parameters of problems; (2) contractual uncertainties; (3) overload of information; and (4) marginality of consultant role. Consultants reported that they were quite successful in coping with consulting-related stress, with reading and listening to music being the two most frequently reported methods used to alleviate stress. (ABL)

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CONSULTATION STRESSORS AND STRESS MANAGEMENT

Sandy Kosub Portman

Paper presented at the
Ninety-third Annual Convention of the
American Psychological Association

This paper reports preliminary findings from a project directed by June Gallessich, Ph.D. and supported by Division 13 APA and The University Research Institute of the University of Texas at Austin. The author is indebted to Mark Watt, M.A. for his work as project coordinator.

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Consultation Stressors and Stress Management*

Introduction

Given the professional myth that mental health professionals are somehow equipped with an inexhaustible source of emotional and physical strength from which clients can derive support, it would not be surprising to find occupational stress among psychological consultants. However, there has been a paucity of empirical investigations of occupational stress among psychological consultants. Even so, research on stress in psychologists in general and in other mental health professionals would suggest that concern for occupational stress among psychological consultants may be warranted.

A high incidence of occupational stress has been demonstrated in the mental health and social service professions and appears to be a major factor in low worker morale, absenteeism, high job turnover, and other indexes of job stress (Maslach, 1976; Maslach and Pines, 1977). Additionally, job stress may be a factor in the poor quality of health and welfare services (Pines and Maslach, 1978). Because of inherent danger to the psychological consultant as well as to the client-organization, occupational stress and its management among psychological consultants was studied.

*This paper stems from an ongoing research project studying consultation practices and training sponsored by June Gallessich, Ph.D. and supported by A.P.A. Division 13 and the University Research Institute of The University of Texas at Austin. The author is also indebted to Mark Watt for his work as research project coordinator.

Literature Review

Job stress contributes to health-related problems among workers and to organizational problems such as employee dissatisfaction, alienation, low productivity, absenteeism, and turnover (Beehr & Newman, 1978; Parker & DeCotiis 1983; Schuler, 1980). Therefore, job stress has become a growing concern to both the individual and the organization.

Maslach and Pines (1977) were two of the first researchers to investigate job stress, which they termed "burnout"--a syndrome of physical and emotional exhaustion, involving the development of negative self-concept, negative job attitudes, and loss of concern and feelings for clients. A primary warning signal is that the professional expends increasing effort, but accomplishes less (Freudenberger, 1977). Another view is that burnout is alienation from the job, commonly evidenced by low job satisfaction and deterioration of performance (Daley, 1979). All definitions of burnout seem to point out two phenomena: the time-related concept of wearing out and the feeling of estrangement.

Occupational stress and its management have been studied in a variety of professions. It has been found that certain kinds of work are associated with high levels of stress (Cooper and Payne, 1978). Stress associated with various occupations has been studied in some detail--pilots (Bond, 1952), air traffic controllers (Cobb and Rose, 1973), dentists (Cooper, Mallinger, and Kahn, 1978), prison guards (Brodsky, 1977), teachers (Brodsky, 1977), fire fighters (Dutton, Smolensky, and Leach, 1978), paramedics (Dutton, Smolensky, and Leach, 1978). In

addition to those already mentioned, other groups include neonatal intensive care workers--physicians, nurses, and social workers (Marshall and Kasman, 1980). Kobasa (1982) and her colleagues (Kobasa, Maddi, & Kahn, 1982) studied stress, hardiness, and health in lawyers, demonstrating a high degree of stress among lawyers. Interestingly, a correlation between stress and illness was not demonstrated in the first study. Much of the research on burnout has centered around its assessment among professionals and paraprofessionals in the mental health field. Freudenberger (1977) concluded that child welfare work is prominent among areas with high burnout rates.

Although no studies of consultation stress could be found at the time of this article, studies have been done describing job stress in school psychologists who sometimes fill the role of consultant. Both appear to experience role ambiguity, work overload, lack of decision-making power, and role conflict working with people inside and outside of the organization. Reiner and Hartshorne (1982) investigated job burnout among school psychologists. Slightly less than half of the psychologists appeared on the questionnaire to have difficulties with burnout. Identifying specific stressors, the investigators found excessive caseloads to be the most frequently identified stressor. This is consistent with the work of Kahn (1978) who identified workload as a primary factor in burnout. Excessive caseload was followed by a "feeling of not having enough time to deal with job responsibilities." Role definitions, unclear expectations, and excessive demands appear to be significant

sources of job stress. Pines and Kafry's (1978) findings, that workers who receive little feedback tend to burn out faster, is consistent with the concerns expressed by Reiner and Hartshorne. The stressors they found to be most significant were work overload, difficulties in follow-up, and what appeared to be feelings of lack of control in terms of decision-making and organizational factors.

Overall, research has identified variables associated with burnout: some producing it, others inhibiting it or allowing the individual to cope better with stress. These can be classified as personal variables or institutional/organizational variables.

Personal variables include lack of sense of success, lack of feedback, and work overload. It has been noted that not only too many things to do, but also an excessively difficult task can lead to burnout (Maslach and Pines, 1978).

Organizational variables associated with burnout include lack of decision-making power, difficult patient-client population, unsupportive work relationships, and role conflict (Daley, 1979). Role conflict is a particularly strong variable leading to burnout, especially for professionals who must deal with persons both inside and outside of the agency. Work relationships have been found to be especially significant as well. In a study by Pines and Kafry (1978), occupational tedium, a concept similar to burnout, among social service workers was found to depend more on a worker's interpersonal relations with colleagues and clients than on intrinsic work conditions such as sense of achievement and job satisfaction.

Pines and Maslach (1978) suggested individual as well as organizational changes to reduce occupational stress. Emphasizing organizational changes, they suggested reducing the patient/staff ratio, shortening the work hours, and improving work relationships. One of their strongest recommendations was that institutions should try to create support systems and improve the social milieu by improving work relationships between staff members. Freudenberger (1977) on the other hand emphasized management centered around the individual. Suggestions to minimize stress included awareness of one's own symptoms of burnout and a feedback loop for such work stresses, delegation of authority and responsibility, inclusion of recreation and hobbies, establishment of realistic goals to minimize overload, and creation of meaningful peer groups and reference groups, including positive relationships with significant other.

Method

In the present investigation a survey (Watt, 1985) was used to collect information from a random sample of psychological consultants who were members of The American Psychological Association Division 13, Consulting Psychology. This comprehensive survey obtained information regarding the characteristic practices, training backgrounds, and salient concerns of consulting psychologists. One section of this survey was designed to assess consultation stressors and stress management. Four questions were asked. First, consultants were asked to what extent they find consulting work stressful. Second,

a list of variables believed to contribute to consulting stress was presented; respondents were asked to rate the degree to which they found each variable stressful. Third, respondents were asked how frequently they used each of a number of methods to alleviate consulting-related stress. Last, respondents were asked to rate their overall success in coping with consulting-related stress. This survey was mailed to 400 Division 13 members in the Spring of 1984. Initial and follow-up mailings yielded a final response rate of 44% (N=177). Approximately three-fourths (N=132) of those responding to the larger survey answered questions specific to consultation stressors and stress management.

Results

In general, respondents found consultation to be only moderately stressful. They responded to the question on overall stress, in which a one indicated "not at all" and five indicated "very stressful", with a mean of 2.79 and a standard deviation of 1.17. The distribution of these ratings is found in Table 1.

Ratings of potential sources of consultation-related stress are found in Table 2. Given a set of factors which possibly contribute to stress, respondents were asked to indicate, on a scale from 1-5, the degree to which each factor contributes to consulting stress, one indicating "not at all" and five indicating "very stressful." The four variables receiving the highest ratings were: 1) uncertainty as to the parameters of

problems; 2) contractual uncertainties; 3) overload of information; and 4) marginality of consultant role.

Methods used by respondents to alleviate consulting-related stress are reported in Table 3 in order of frequency. The two methods most frequently used were: 1) reading and 2) listening to music.

Finally, respondents considered themselves quite successful in coping with consulting-related stress. On the 1-5 scale (one being not at all successful and five being highly successful) they rated their success with a mean of 4.26 and a standard deviation of .68. The distribution of these ratings is listed in Table 4.

Discussion

Overall, respondents found consulting to be only moderately stressful. There are several plausible reasons for this. First, consultation may, indeed, not be as stressful as other areas of psychology or other positions within the mental health field. A second possibility may be that although consultation, like other specialties in the mental health field, may be stressful, the subjects of this survey had spent an average of 22 years as consulting psychologists. It seems that many consultants who experience severe burnout may change specialties or move out of the field altogether. Therefore, the sample employed in this study may be the "survivors" of burnout. Thirdly, this sample, drawn from APA Division 13, may be different from the larger population of psychological consultants. Last, these results are

consistent with the Reiner and Hartshorne study (1982) which, in measuring burnout among school psychologists, found that slightly less than half of the subjects who completed the Freudenberger Burnout Questionnaire appeared to have difficulties with burnout, as defined by the mean on their 5-point scale. Further, Wright and Thomas (1982) found that compared to nurses who previously had been studied for burnout, school psychologists expressed a much lower average personal need for role clarity than did nurses. Possibly psychologists are more accustomed to and comfortable with ambiguity. Therefore such factors as role strain, ambiguity of expectations, and responsibility for decision making without concomitant authority may not have as much negative impact on psychological consultants as on other professionals.

Consultants' ratings of factors contributing to consulting stress were not surprising. Other investigations of job stress, both within the field of psychology and in the mental health field at large, have found such factors as ambiguity of role boundaries, clarity of role expectations, and work overload to be associated with job stress. In the present survey, uncertainty as to parameters of problems and overload of information were rated highest in contributing to consulting stress. Interestingly, items which involved client-consultant interactions were rated as fairly low in stress value.

Consultants' responses to methods used in coping with stress were the most difficult to interpret. Reading, the method rated highest in coping with stress, may have had a broader, more

ambiguous meaning than other methods. Specifically, reading may have incorporated professional reading on the consultation issue involving stress and general professional reading as well as pleasure reading. Secondly, the most common methods of coping--reading and listening to music--are common leisure activities and may have been listed high regardless of the presence or absence of stress. Third, respondents may have listed items such as reading and listening to music high because of the amount of time needed to engage in such activities rather than the frequency with which these methods are employed.

Overall, consultants thought they were successful in coping with consulting-related stress. This finding seems to correlate well with the moderate stress level reported in our question of overall stress. However, researchers on coping have demonstrated that persons tend to inflate their perceptions of their success in coping (Lazarus, 1978).

Conclusion

Because of inherent danger to the psychological consultant as well as to the client/organization, consulting-related stress and its management warrants further investigation. Consistent with studies of stress related to other professions, this study demonstrated that stress among psychological consultants was rated at least at the moderate level by nearly half of the respondents. Further, this study investigated stressors and stress management solely in consultants identified with APA, Division 13. Additional research investigating a broader

population of psychological consultants may identify different levels of stress and different methods in managing such work-related stress.

Table 1

DISTRIBUTION OF RATINGS OF OVERALL CONSULTATION STRESS

<u>not at all</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>very stressful</u>
Number of Responses	25	31	41	35	8	

Overall Mean: 2.79

S.D. 1.17

Table 2

CONSULTATION STRESSORS

<u>Factor</u>	<u>Mean</u>	<u>S.D.</u>
1) Uncertainty as to parameters	3.0	1.28
2) Contractual uncertainties	2.74	1.38
3) Overload of information	2.66	1.24
4) Marginality of consultant role	2.59	1.15
5) Ambiguity as to appropriate role boundaries	2.59	1.30
6) Lack of control over outcomes	2.58	1.13
7) Client's resistance to new perspectives	2.55	1.18
8) Tight scheduling of consult visits	2.53	1.33
9) Conflicts between clients	2.51	1.22
10) Lack of crucial information	2.38	2.18
11) Crisis state of client/organization	2.38	1.30
12) Marital/other relationship problems associated with demands of work	2.35	1.59
13) Financial problems	2.35	1.31
14) Client's rejection of valid data	2.33	1.19
15) Lack of time to relax between consultations	2.31	1.22
16) Boredom	2.06	1.18
17) Lack of privacy when in client's workplace	1.95	1.07
18) Value conflicts between self and clients	1.87	1.02
19) Travel-related fatigue	1.87	1.19
20) Loneliness of consultant role	1.79	1.15

Table 3

METHODS TO ALLEVIATE CONSULTING-RELATED STRESS

<u>Method</u>	<u>Mean</u>	<u>S.D.</u>
1) Reading	3.81	1.18
2) Listening to music	3.40	1.22
3) Talking over issues with other consultants	3.17	1.28
4) Exercise routines	3.16	1.51
5) Hobbies	3.15	1.32
6) Talking over consulting issues with spouse or other intimate relationship	3.08	1.42
7) Participating in sports	3.02	1.65
8) Watching T.V. programs	2.86	1.28
9) Social activities, parties	2.65	1.36
10) Relaxation techniques	2.59	1.43
11) Spectator sports	2.50	1.33
12) Going to the movies	2.37	1.29
13) Talking over consulting issues with non-consultant friend	2.19	1.15
14) Meditation	1.83	1.24

Table 4

OVERALL SUCCESS IN COPING WITH CONSULTANT RELATED STRESS
FREQUENCY DISTRIBUTION

	<u>not at all</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>very stressful</u>
Number of Responses	0	1	16	69	55		

Overall Mean: 4.26

S.D.: .68

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